

(REQUIRED BY STATE AGENCIES ONLY)
SUPPLEMENTARY GRANT INFORMATION
(Form CH 1)

APPLICANT: _____

PROJECT DURATION: _____

Name of Funding Agency: _____

Part I: Project Description: Briefly describe the purpose of the grant, the work to be done and the projected accomplishments:

Part II: Budgetary Information:

	<u>Applicant</u>	<u>Federal</u>	<u>State Local Other (Specify)</u>	<u>Total</u>
Personal Services	\$ _____	\$ _____	\$ _____	\$ _____
Supplies & Materials	_____	_____	_____	_____
Travel	_____	_____	_____	_____
Capital Outlay	_____	_____	_____	_____
Consultant Services	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total	\$ _____	\$ _____	\$ _____	\$ _____
Indirect Cost (_____ %)	_____	_____	_____	_____
Total Support	\$ _____	\$ _____	\$ _____	\$ _____

Indicate Other Sources: _____

Indicate "In-Kind" support by an (*) next to amount.

If the project is for more than one year, you should submit a separate budget for each applicable year.